NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| All boxes must be checked Provide current license number if making changes: PH | | | | | | |
|--|---|---|-------------|------------|--|--|
| Publicly Traded Corporation - Pages 1,2,3,7 | New Pharmacy or Ownership Change (Provide current license number if making changes: PH | | | | | |
| Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090 | Publicly Traded | r type of ownership and comp Corporation – Pages 1.2.3.7 | лесе ан го | quire F | Partnership - Pages 1.2.5.7 | |
| Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090 | Mon Publicly Traded Corporation – Pages 1,2,4,7 | | | | | |
| Pharmacy Name: Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090 Physical Address: Mailing Address: One CVS Drive, MC #1160 City: Woonsocket State: RI Zip Code: 02895 Telephone: 303-799-0093 Fax: 303-790-0633 Toll Free Number: 800-934-0093 (Required per NAC 639.708) E-mail: statereply@cvscaremark.com Website: Managing Pharmacist: Sherry Heinrichs License Number: 16 0 2 TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No G Retail G Hospital (# beds) G Hospital (# beds) G Nuclear G Ambulatory Surgery Center G Ambulatory Surgery Center G Community G Long Term Care G Other: All boxes must be checked Mail Service Sterile Compounding ** | | | | | | |
| Description Physical Address: 12450 East Arapahoe Road, Suite A1, Centennial, CO 80112 | GENERAL INFOR | RMATION to be completed | by all t | ypes | s of ownership | |
| Mailing Address: One CVS Drive, MC #1160 City: Woonsocket State: RI Zip Code: 02895 Telephone: 303-799-0093 Fax: 303-790-0633 Toll Free Number: 800-934-0093 (Required per NAC 639.708) E-mail: statereply@cvscaremark.com Website: Managing Pharmacist: Sherry Heinrichs License Number: 16902 TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No Yes/No Melatil Moff-site Cognitive Services Melatil Parenteral ** Melatil Parenteral (outpatient) Melatil Outpatient/Discharge Mail Service Mail Service Melatil Sterile Compounding ** Melatil Mon Sterile Compounding ** | Pharmacy Name: | Coram Alternate Site Service | es, Inc., d | ba Co | oram CVS/specialty infusion service #48090 | |
| City: Woonsocket State: RI Zip Code: 02895 Telephone: 303-799-0093 Fax: 303-790-0633 Toll Free Number: 800-934-0093 (Required per NAC 639.708) E-mail: statereply@cvscaremark.com Website: Managing Pharmacist: Sherry Heinrichs License Number: 16902 TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No Yes/No □ Retail □ Off-site Cognitive Services □ Hospital (# beds) □ Parenteral ** □ Hospital (# beds) □ Parenteral (outpatient) □ Nuclear □ Outpatient/Discharge □ Ambulatory Surgery Center □ Mail Service □ Ambulatory Surgery Center □ Mail Service □ Mail Service □ Sterile Compounding ** □ Other: □ Sterile Compounding ** □ Non Sterile Compounding ** | Physical Address: | 12450 East Arapahoe Road | , Suite A | I, Cei | ntennial, CO 80112 | |
| City: Woonsocket State: RI Zip Code: 02895 Telephone: 303-799-0093 Fax: 303-790-0633 Toll Free Number: 800-934-0093 (Required per NAC 639.708) E-mail: statereply@cvscaremark.com Website: Managing Pharmacist: Sherry Heinrichs License Number: 16902 TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No Yes/No □ Retail □ Off-site Cognitive Services □ Hospital (# beds) □ Parenteral ** □ Hospital (# beds) □ Parenteral (outpatient) □ Nuclear □ Outpatient/Discharge □ Ambulatory Surgery Center □ Mail Service □ Ambulatory Surgery Center □ Mail Service □ Mail Service □ Sterile Compounding ** □ Other: □ Sterile Compounding ** □ Non Sterile Compounding ** | Mailing Address: | One CVS Drive, MC #1160 | | | 44898884 | |
| Toll Free Number: 800-934-0093 (Required per NAC 639.708) E-mail: statereply@cvscaremark.com Website: Managing Pharmacist: Sherry Heinrichs License Number: 1692 TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No Retail Soff-site Cognitive Services Parenteral ** Parenteral ** Parenteral (outpatient) Nuclear Soutpatient/Discharge Ambulatory Surgery Center Sherile Compounding ** Community Sterile Compounding ** All boxes must be checked South And Service Sterile Compounding ** | | | ite: R | | Zip Code: 02895 | |
| Managing Pharmacist: Sherry Heinrichs License Number: Lice | Telephone: 303 | 799-0093 Fax | : 303-7 | 90-06 | 533 | |
| Managing Pharmacist: Sherry Heinrichs License Number: 16902 TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Retail Retail Retail Parenteral ** Retail Parenteral (outpatient) Nuclear Ambulatory Surgery Center Mail Service Community All boxes must be checked License Number: 16902 License Number: 16902 Mes/No SERVICES PROVIDED | Toll Free Number | 800-934-0093 | (Req | uired | per NAC 639.708) | |
| TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No □ Retail □ ☑ Off-site Cognitive Services □ ☑ Hospital (# beds) □ ☐ Parenteral ** □ ☑ Internet □ ☐ Parenteral (outpatient) □ ☑ Nuclear □ ☐ Outpatient/Discharge □ ☑ Ambulatory Surgery Center □ ☑ Mail Service □ ☑ Community □ ☑ Long Term Care □ ☑ Other: □ ☑ Sterile Compounding ** □ ☑ Non Sterile Compounding All boxes must be checked ☑ Mail Service Sterile Compounding ** | E-mail: statereply(| @cvscaremark.com | Webs | ite: | | |
| Yes/No ☐ Retail ☐ ☐ Off-site Cognitive Services ☐ ☐ Hospital (# beds) ☐ ☐ Parenteral ** ☐ ☐ Nuclear ☐ ☐ Outpatient/Discharge ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community ☐ ☐ Long Term Care ☐ ☐ Other: ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding All boxes must be checked ☐ ☐ Mail Service Sterile Compounding ** | Managing Pharma | Managing Pharmacist: Sherry Heinrichs License Number: 16902 | | | | |
| ☐ Retail ☐ Off-site Cognitive Services ☐ Hospital (# beds) ☐ Parenteral ** ☐ Internet ☐ Parenteral (outpatient) ☐ Nuclear ☐ Outpatient/Discharge ☐ Ambulatory Surgery Center ☐ Mail Service ☐ Community ☐ Long Term Care ☐ Other: ☐ Sterile Compounding ** ☐ Non Sterile Compounding All boxes must be checked ☐ Mail Service Sterile Compounding ** | TYP | E OF PHARMACY AND |) | SEI | RVICES PROVIDED | |
| □ Retail □ Off-site Cognitive Services □ Hospital (# beds) □ Parenteral ** □ Internet □ Parenteral (outpatient) □ Nuclear □ Outpatient/Discharge □ Ambulatory Surgery Center □ Mail Service □ Community □ Long Term Care □ Other: □ Sterile Compounding ** □ Non Sterile Compounding All boxes must be checked □ Mail Service Sterile Compounding ** | Yes/ | No | | Yes | /No | |
| ☐ ☐ Internet ☐ ☐ Parenteral (outpatient) ☐ ☐ Nuclear ☐ Outpatient/Discharge ☐ ☐ Ambulatory Surgery Center ☐ ☐ Mail Service ☐ ☐ Community ☐ ☐ Long Term Care ☐ ☐ Other: ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding All boxes must be checked ☐ ☐ Mail Service Sterile Compounding ** | | | | | ☑ Off-site Cognitive Services | |
| ☐ ☐ Internet ☐ ☐ Parenteral (outpatient) ☐ ☐ Nuclear ☐ ☐ Outpatient/Discharge ☐ ☐ Ambulatory Surgery Center ☐ ☐ Mail Service ☐ ☐ Community ☐ ☐ Long Term Care ☐ ☐ Other: ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding All boxes must be checked ☐ ☐ Mail Service Sterile Compounding ** | | ☑ Hospital (# beds) | | X | ☐ Parenteral ** | |
| □ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community □ ☒ Long Term Care □ ☒ Other: □ ☒ Other: □ ☒ Non Sterile Compounding All boxes must be checked □ ☒ Mail Service □ ☒ Long Term Care □ ☒ Sterile Compounding ** | 1 | | | | ☐ Parenteral (outpatient) | |
| ☐ ☒ Ambulatory Surgery Center ☐ ☒ Mail Service ☐ ☒ Community ☐ ☒ Long Term Care ☐ ☒ Other: ☐ ☒ Sterile Compounding ** ☐ ☒ Non Sterile Compounding All boxes must be checked ☒ ☐ Mail Service Sterile Compounding ** | | ™ Nuclear | | X | ☐ Outpatient/Discharge | |
| ☐ ☑ Community ☐ ☑ Long Term Care ☐ ☑ Other: ☐ ☑ Sterile Compounding ** ☐ ☑ Non Sterile Compounding All boxes must be checked ☑ ☐ Mail Service Sterile Compounding ** | | | er | | ☑ Mail Service | |
| ☐ ☑ Other: ☐ ☐ Sterile Compounding ** ☐ ☑ Non Sterile Compounding All boxes must be checked ☐ ☐ Mail Service Sterile Compounding ** | | | | | ☑ Long Term Care | |
| ☐ ☑ Non Sterile Compounding All boxes must be checked ☐ ☐ Mail Service Sterile Compounding ** | | | | X | ☐ Sterile Compounding ** | |
| | | | | | ☑ Non Sterile Compounding | |
| | All b | oxes must be checked | | X | • | |
| B · At and additional and a second se | | | | | | |
| | | | | | | |

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

| Withir | the last five (5) years: | | |
|---------------------------|--|--|-------------------------------------|
| 1) | Has the corporation, any owner(s), shareholder(s) of any interest, ever been charged, or convicted of a femisdemeanor (including by way of a guilty plea or necessary). | elony or gross | Yes □ No ⊠ |
| 2) | Has the corporation, any owner(s), shareholder(s) of any interest, ever been denied a license, permit or or registration? | | Yes □ No ⊠ |
| 3) | Has the corporation, any owner(s), shareholder(s) o interest, ever been the subject of an administrative a site fine or proceeding relating to the pharmaceutical | action, board citation, | Yes □ No ☒ |
| 4) | Has the corporation, any owner(s), shareholder(s) o interest, ever been found guilty, pled guilty or entere contendere to any offense federal or state, related to substances? | ed a plea of nolo | Yes □ No ☒ |
| 5) | Has the corporation, any owner(s), shareholder(s) o interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary of the corporation). | cate of registration | Yes □ No ☒ |
| Copie | answer to question 1 through 5 is "yes", a signed stat s of any documents that identify the circumstance or sition may be required. | | |
| correc | by certify that the answers given in this application aret. I understand that any infraction of the laws of the stion of an authorized pharmacy may be grounds for the stion of an authorized pharmacy may be grounds for the stip. | State of Nevada regulat | ing the |
| under correct emplo | read all questions, answers and statements and knot penalty of perjury, that the information furnished on to t. I hereby authorize the Nevada State Board of Pha yees, to conduct any investigation(s) of the business round, qualification and reputation, as it may deem n | his application are true, rmacy, its agents, serva , professional, social an | accurate and ants and d moral |
| | 11/18 | | |
| | al Signature of Person Authorized to Submit Applicat | ion, no copies or stamp | S |
| | as S. Moffatt, Vice President/Secretary | 1-18-2018 | |
| Print N | lame of Authorized Person | Date | Page 2 |
| Board | Use Only Date Processed: | Amount: \$500,00 | |

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

| State of Incorp | poration: Delaware | | | | |
|------------------|----------------------------|--------------------|--|--|--|
| Parent Compa | any if any: | | | | |
| maining Addres | SS. One Cyb Dilyc | | | | and the specific property of the state of th |
| City: Woonso | ocket | States RI | Zip: | 02895 | |
| l elephone: | 401-770-0451 | Fav | 401-216-0381 | | |
| Contact Person | n: Kimberley DeSousa | | | | Protestation Advanta villa media formation |
| For any corpor | ation non publicly trade | d, disclose the fo | llowing: | ter, er de engressely e en despulgien Vanneyde opgesteld sillinde opgesteld sillinde opgesteld sillinde de egy | |
| | 4 persons to whom the | | | ration? | |
| | Coram Alternate Site Serv | | | | |
| · / | Name | Address | | | |
| b) | | | | | |
| | Name | Address | | | |
| c) | | | | | |
| | Name | Address | | | |
| d) | Name | | | | |
| - | | Address | | | |
| 2) Provide t | the number of shares is: | sued by the corpo | oration. | | |
| | s the price paid per sha | | | | |
| | te did the corporation ac | | | | |
| | a copy of the corporation | | | | |
| | an shareholders and per | | | | |
| Name: N/A | · | 3 | · - · · · p · | 0/. | |
| | | | | %: | NAMES, AND ADDRESS OF THE PARTY |
| | | | | | the state of the s |
| Hours of Opera | tion for the pharmacy | | Administration of control and control of the contro | | |
| Monday thru Frid | day <u>8</u> am <u>5</u> | _pm | Saturday | am | ma |
| Sunday | am | _pm | 24 Hours | | described to the second |
| A Nevada busine | ess license is not require | ed, however if the | pharmacy has | a Nevada bus | iness |
| noonse piease pi | rovide the number: N | 11 | pundifu un grig | | Page 4 |
| | | | | | . ~9~ |

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Thomas S. Moffatt

| Responsible Person of Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #480 | 90 |
|--|----|
| hereby acknowledge and understand that in addition to the corporation's, any owner(s), | |
| shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law | |
| that may occur in a pharmacy owned or operated by said corporation. | |
| I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) | |
| or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a | |
| pharmacy owned by or operated by said corporation. | |
| I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision | |
| of any local, state or federal laws or regulations pertaining to the practice of pharmacy. | |
| | |
| | |
| Original Signature of Person Authorized to Submit Application, no copies or stamps | |
| Thomas S. Moffatt, Vice President/Secretary /-18-30/8 | |
| Print Name of Authorized Person Date | |

AFFIDAVIT for Out-of-State Pharmacy License

| STATE OF Colorado) |
|--|
| Arapahoe COUNTY) |
| |
| , Sherry Heinrichs , hereby certify that the assertions in this Affidavit |
| are true and correct to the best of my knowledge and belief, and state as follows: 1. I am the Pharmacist-In-Charge Coram CVS/specialty infusion service #48090 |
| 1. I am the Pharmacist-In-Charge for (the |
| Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf. |
| 2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile |
| products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- |
| of-State Pharmacy License. |
| 3. I understand and acknowledge that the Pharmacy and any of its Nevada- |
| registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells |
| or ships any compounded sterile product into Nevada without first obtaining written authorization |
| from the Board to do so. |
| 4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile |
| product into Nevada, the Pharmacy, through an authorized representative, will first notify the |
| Board and obtain written approval to sell and ship such products into Nevada. |
| 5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile |
| product into Nevada, an authorized representative of the Pharmacy may be required to appear |
| before the Board to answer questions before such approval is granted. |
| FURTHER AFFIANT SAYETH NOT. |
| I, Sherry Heinrichs, do hereby swear under penalty of perjury that the assertions of this |
| affidavit are true. |
| |
| SUBSCRIBED AND SWORN TO |
| pefore me, a notary public this |
| day of |
| NOTARY PUBLIC |

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| New Pharmacy or Ownership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms. | | | | |
|---|---|--|--|--|
| ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7 | | | | |
| Non Publicly Traded Corporation – Pages 1,2,4,7 | ☐ 50/e Owner - Pages 1,2,0,7 | | | |
| GENERAL INFORMATION to be completed by all ty | pes of ownership | | | |
| Pharmacy Name: FARMA KETO | Ave | | | |
| Physical Address: 1736 N. GREENVILLE | | | | |
| Mailing Address: SAME AS Physical ADDRE | | | | |
| City: Richardson State: T | Zip Code: 75081 | | | |
| Telephone: 888-501-0233 Fax: 219 | 1-432-8922 | | | |
| Toll Free Number: 888-501-0233 (Requ | | | | |
| E-mail: Justin, GRAVES @ FARMAKEID, COM Websi | | | | |
| Managing Pharmacist: Justin K. GRAVES | License Number: 38797 TX | | | |
| TYPE OF PHARMACY AND | SERVICES PROVIDED | | | |
| Yes/No | Yes/No | | | |
| ☑ Retail | Off-site Cognitive Services | | | |
| □ □ Hospital (# beds) | ☐ ☑ Parenteral ** | | | |
| □ ☑ Internet | ☐ ☑ Parenteral (outpatient) | | | |
| □ ☑ Nuclear | □ ☑ Outpatient/Discharge | | | |
| ☐ ☑ Ambulatory Surgery Center | ☐ ☑ /Mail Service | | | |
| □ ☑ Community | ☐ ☑ Long Term Care | | | |
| □ ☑ Other: | ☑ Sterile Compounding ** | | | |
| | ☐ Non Sterile Compounding | | | |
| All boxes must be checked | ☐ ☑ Mail Service Sterile Compounding ** | | | |
| For the application to be complete | ☐ Other Services: | | | |
| | | | | |

^{**}If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

| vvitnir | the last five (5) years: | | |
|---|--|---|------------------------------------|
| 1) | Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a fer misdemeanor (including by way of a guilty plea or no | elony or gross | Yes □ No |
| 2) | Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or c registration? | r partner(s) with ertificate of | Yes □ No ☑ |
| 3) | Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative a site fine or proceeding relating to the pharmaceutical | action, board citation | Yes □ No ☑ |
| 4) | Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances? | d a plea of noto | Yes □ No |
| 5) | Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary cl | cate of registration | Yes □ No ☑ |
| Copies | nnswer to question 1 through 5 is "yes", a signed state of any documents that identify the circumstance or dition may be required. | ement of explanation monation contain an order, agree | ust be attached. ment, or other |
| COLLEC | by certify that the answers given in this application and I. I understand that any infraction of the laws of the S ion of an authorized pharmacy may be grounds for th | State of Nevada regulat | ing the |
| correct employ | read all questions, answers and statements and know benalty of perjury, that the information furnished on the land I hereby authorize the Nevada State Board of Phar wees, to conduct any investigation(s) of the business, ound, qualification and reputation, as it may deem ne | nis application are true, macy, its agents, serva professional, social an | accurate and ants and |
| Origina | 1 Standard of Down Adding 11 Standard of Down Ad | | |
| land and the same of the same | Signature of Person Authorized to Submit Application | on, no copies or stamp | 5 |
| - | IN GRAVES RPh. | 3-27-18 | |
| -rint iv | ame of Authorized Person | Date | Page 2 |
| Board (| Jse Only Date Processed: | Amount: \$500.00 | |

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

| State of Incorporation: TEXAS | | | | |
|--|--|--|--|--|
| Parent Company if any: North American Custom Laboratories LLC. | | | | |
| Mailing Address: 1736 N. GREENVILLE AVE | | | | |
| City: RICHARDSON State: TX Zip: 75081 | | | | |
| Telephone: 888-501-0233 Fax: 214-432-8922 | | | | |
| City: Richardson State: TX Zip: 75081 Telephone: $888-501-0233$ Fax: $214-432-8922$ Contact Person: $5057iN$ GRAVES | | | | |
| For any corporation non publicly traded, disclose the following: | | | | |
| 1) List top 4 persons to whom the shares were issued by the corporation? | | | | |
| a) DAN DENEUI 4505 BOWMANDE. COLLEYWILLE TX 76034 Name Address | | | | |
| | | | | |
| b) Michael Cole 1025 Southview Trail Southlake, TX 76092 Name Address | | | | |
| | | | | |
| c) Justin GRAVES 1664 RABBIT Ridge RO. HEATH, TX 75032 Name Address | | | | |
| | | | | |
| d) CODY BOATMAN 4592 BUCKNELL DA. GARLALD, TX 75042 Name Address | | | | |
| 100 0 | | | | |
| 2) Provide the number of shares issued by the corporation. | | | | |
| 3) What was the price paid per share? 50 | | | | |
| 4) What date did the corporation actually receive the cash assets? 2-18-15 | | | | |
| 5) Provide a copy of the corporation's stock register evidencing the above information $\frac{566}{900000000000000000000000000000000000$ | | | | |
| List any physician shareholders and percentage of ownership. | | | | |
| Name: | | | | |
| Name: <u>MA</u> %: <u>MA</u> | | | | |
| Hours of Operation for the pharmacy: | | | | |
| Monday thru Friday 8 am 5 pm Saturday 4 CAUL pm | | | | |
| Sunday ON CALLampm 24 Hours | | | | |
| A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: | | | | |

(LLC)

Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

| I, | Keith | GRAVES | |
|---|-------------|--|--|
| Responsible Person of | FARMAK | cEio | |
| hereby acknowledge and | understand | that in addition to the corporation's, any owner(s), | |
| shareholder(s) or partner(| s) responsi | ibilities, may be responsible for any violations of pharmacy law | |
| that may occur in a pharm | acy owned | or operated by said corporation. | |
| I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation. | | | |
| I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy. | | | |
| <u></u> | _ (g | 2 - Ph | |
| Original Signature of Person | on Authoriz | zed to Submit Application, no copies or stamps | |
| JUSTIN GRAVE | | 3-27-18 | |
| Print Name of Authorized I | Person | Date | |

Page 8

Amy L. Wilson



TEXAS STATE BOARD OF PHARMACY

Re:

Farmakeio

Address:

1736 North Greenville Avenue

Richardson, Texas 75081

License No.:

29943

Date Issued:

April 16, 2015

Licensure Status:

Active

Expiration Date:

April 30, 2019

Type of Pharmacy:

Community Sterile Compounding

Prior Disciplinary Orders:

No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Farmakeio (Texas Pharmacy License #29943) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan 67 Holloway

Assistant General Counsel

Texas State Board of Pharmacy

April 26, 2018

Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.